IOWA DEPARTMENT OF NATURAL RESOURCES
UNDERGROUND STORAGE TANK REGISTRATION FORM #148

REGISTRATION NO.

Tanks and piping must be registered within 30 days of installation. Installation is considered complete when the tanks and piping have been covered and tightness tested**. There is an additional registration fee of $250 per tank when not registered within 30 days of installation**.

1. LOCATION OF TANK(S)

	County	County No.
Facility Name	City	Zip Code
Street Address (or legal description)	Phone Number ( ) FAX Number ( )	

Type of Owner

☐ City ☐ State ☐ County ☐ Federal

☐ Private or corp. ☐ School ☐ Indian Trust Land

CASHIER USE ONLY

2. OWNERSHIP OF TANKS

Owner Name (Corp., Individual, Agency)

Street Address

City	State	Zip Code

Phone Number ( )

FAX Number ( )

Name of Authorized Representative

Street Address

City	State	Zip Code

Phone Number ( )

FAX Number ( )

3. LESSEE (Operator not tank owner)

Name

Street Address

City	State	Zip Code

Phone Number	Fax Number

4. PREVIOUS TANK OWNER

Individual or Company Name

Mailing Address

City	State	Zip Code

Phone Number

5. NEW TANK REGISTRATION FEES

Enter the total number of **NEW** Tanks being registered in the boxes below. **For tanks with compartments, each compartment is considered a separate tank and must be included in the tank total.**

There is a one-time $10 registration fee per tank. For tanks over 1,100 gallons, an annual tank management fee of $65 per tank must also be paid.

Multiply the tank number by the fee for the amount due for each line below. Total the column for the total fee due

DO NOT SEND FEES FOR OWNERSHIP CHANGE or TECHNICAL UPDATES

	TANKS		FEE DUE
1. Total number of tanks/compartments for $10 registration fee.		X $10 =	$
2. Number of tanks over 1,100 gallons for $65 tank management fee.		X $65 =	$
3. 30 day late fee [if applicable]		X $250 =	$
		Total Fee Due	$

6. TYPE OF REGISTRATION

☐ **NEW TANK SYSTEM installed at NEW SITE**

☐ **NEW TANKS installed at site already registered**

☐ **TECHNICAL UPDATE - replacing product lines, leak detection equipment, or type of leak detection**

☐ **OWNERSHIP CHANGE**

Tank Identification Number	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
1. Status of Tank (mark {X} or date out-of-use)					
Currently in Use	[ ]	[ ]	[ ]	[ ]	[ ]
Temporarily Out-of -Use (Date)	/ /	/ /	/ /	/ /	/ /
2. Date of Installation Month/Year: (date tank/piping covered and tightness test completed)	/	/	/	/	/
3. Tank Type					
Residential	[ ]	[ ]	[ ]	[ ]	[ ]
Farm	[ ]	[ ]	[ ]	[ ]	[ ]
Industrial	[ ]	[ ]	[ ]	[ ]	[ ]
Commercial (*Retail Sale*)	[ ]	[ ]	[ ]	[ ]	[ ]
Other (*Please Specify*)					

4. Tank Capacity & Substance Stored

Fill in size and contents of each compartment using the abbreviations provided. Use only compartment #1, for a single compartment tank. Put the substance stored below the compartment size in shaded space.

Example: 1,000G / E10

E10, E20, E85 etc = Ethanol blends
G = Regular Unleaded Gasoline
P = Premium Gasoline
D = Diesel
B2, B5, B20 etc = Biodiesel
K = Kerosene | J = Jet Fuel
UO = Used Oil | NO = New Oil
H = Hazardous Substance (provide chemical name)
O = Other (Please Specify)

	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
Compart. #1					
Compart. #2					
Compart. #3					
Compart. #4					
Compart. #5					
Compart. #6					

5. Tank Material and Construction -

Tank Manufacturer: _____ Model: _____

Are tanks anchored? Yes [ ] No [ ] If yes: [ ] Deadman or [ ] Concrete Pad

	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
Steel	[ ]	[ ]	[ ]	[ ]	[ ]
Fiberglass Reinforced Plastic (FRP)	[ ]	[ ]	[ ]	[ ]	[ ]
Composite (steel clad with Fiberglass)	[ ]	[ ]	[ ]	[ ]	[ ]
Steel tank jacketed with plastic for interstitial space	[ ]	[ ]	[ ]	[ ]	[ ]
Double Wall	[ ]	[ ]	[ ]	[ ]	[ ]
Lined Excavation	[ ]	[ ]	[ ]	[ ]	[ ]
Other (*Please Specify*)					

Which tanks that are siphoned together?

Tank Identification Number	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
6. Tank Internal Protection (*steel tanks only*)					
Interior Lining	[ ]	[ ]	[ ]	[ ]	[ ]
Installation Date	/ /	/ /	/ /	/ /	/ /

Installation Company:_____ Lining Material_____

7. Tank External Protection (*steel tanks only*)					
Field Installed Galvanic	[ ]	[ ]	[ ]	[ ]	[ ]
Field Installed Impressed Current	[ ]	[ ]	[ ]	[ ]	[ ]
Factory Installed Galvanic	[ ]	[ ]	[ ]	[ ]	[ ]
Date Cathodic Protection System Installed (*month/year*)	/	/	/	/	/

Cathodic Protection Installation Company: _____

Coatings					
Factory Applied Fiberglass Reinforced Plastic (FRP)	[ ]	[ ]	[ ]	[ ]	[ ]
Factory Applied Coal Tar Epoxy	[ ]	[ ]	[ ]	[ ]	[ ]
Factory Applied Fiberglass Reinforced Urethane (FRU)	[ ]	[ ]	[ ]	[ ]	[ ]
None	[ ]	[ ]	[ ]	[ ]	[ ]
Other (*Please Specify*)					

8. Tank Leak Detection System					
Groundwater Monitoring Wells	[ ]	[ ]	[ ]	[ ]	[ ]
Vapor Monitoring Wells	[ ]	[ ]	[ ]	[ ]	[ ]
Double-wall Tank with Interstitial Monitoring:	[ ]	[ ]	[ ]	[ ]	[ ]
Interstitial Monitoring with Secondary Barrier:	[ ]	[ ]	[ ]	[ ]	[ ]
Automatic Tank Gauging (ATG)	[ ]	[ ]	[ ]	[ ]	[ ]
CSLD Automatic Tank Gauging	[ ]	[ ]	[ ]	[ ]	[ ]
Inventory Control with Tank Tightness Testing	[ ]	[ ]	[ ]	[ ]	[ ]
Statistical Inventory Reconciliation (SIR):	[ ]	[ ]	[ ]	[ ]	[ ]
Manual Tank Gauging	[ ]	[ ]	[ ]	[ ]	[ ]
Other (*Please Specify*)					

For each method marked, please specify the equipment used for leak detection. This would include leak measuring device, sensing device, ATG system or SIR method.

Equipment Manufacturer or SIR provider: _____

Equipment Model or SIR method: _____

For ATG, Probe Type: _____

Tank Identification Number	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
9. Piping – Type, Construction and Protection					
Type of product delivery: Pressurized	[ ]	[ ]	[ ]	[ ]	[ ]
Suction	[ ]	[ ]	[ ]	[ ]	[ ]
Construction: Fiberglass	[ ]	[ ]	[ ]	[ ]	[ ]
Flexible Wall	[ ]	[ ]	[ ]	[ ]	[ ]
Galvanized Steel	[ ]	[ ]	[ ]	[ ]	[ ]
Other (*Please Specify*)					

Piping Manufacturer: _____

Model: _____

Mark if it has -	Double Wall	[ ]	[ ]	[ ]	[ ]	[ ]
	External Secondary Barrier	[ ]	[ ]	[ ]	[ ]	[ ]
Cathodic Protection (*for steel piping*) -	Galvanic	[ ]	[ ]	[ ]	[ ]	[ ]
	Impressed	[ ]	[ ]	[ ]	[ ]	[ ]
	Specify external coating (*if any*):					
10. Piping Continuous Line Leak Detection						
	Mechanical Line Leak Detector	[ ]	[ ]	[ ]	[ ]	[ ]
	Electronic Line Leak Detector	[ ]	[ ]	[ ]	[ ]	[ ]

Leak Detection Make: _____

Model: _____

11. Piping Leak Detection	Annual Line Tightness Testing	[ ]	[ ]	[ ]	[ ]	[ ]
	Interstitial Monitoring of Double Wall System	[ ]	[ ]	[ ]	[ ]	[ ]
	Vapor Monitoring	[ ]	[ ]	[ ]	[ ]	[ ]
	Groundwater Monitoring	[ ]	[ ]	[ ]	[ ]	[ ]
	Statistical Inventory Reconciliation (SIR)	[ ]	[ ]	[ ]	[ ]	[ ]

Name of SIR Company: _____

Version of SIR Method: _____

Safe Suction System (one check valve beneath dispenser)	[ ]	[ ]	[ ]	[ ]	[ ]
Other (Please Specify)	[ ]	[ ]	[ ]	[ ]	[ ]
12. Spill Protection Equipment					
Spill Containment Size in Gallons					

Spill Equipment Mfg.: _____

Spill Equipment Model: _____

Tank Identification Number:	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
13. Overfill Protection Equipment					
Automatic Shutoff Device @ Full 95%	[ ]	[ ]	[ ]	[ ]	[ ]
Flow Restrictor @ 90% Full (e.g., ball float valve)	[ ]	[ ]	[ ]	[ ]	[ ]
High Level Alarm @ 90% Full	[ ]	[ ]	[ ]	[ ]	[ ]

Overfill Equipment Mfg.: _____

Overfill Equipment Model: _____

14. Stage 1 Vapor Recovery

Note: Dual point vapor control is required on all new (installed after November 9, 2006) gasoline dispensing facilities (GDFs) that exceed 100,000 gallons throughput determined by a 30-day rolling average. GDFs that exceed 100,000 gallons in a 30-day rolling average are large source GDFs and must have dual point vapor control installed at start up. The DNR recommends all new tanks be installed with dual point vapor recovery capability for possible future use. An Iowa-licensed installation inspector would have inspected the Stage 1 vapor system at the time of installation, and would have documented the integrity of the vapor control system on the installation inspection checklist. Existing systems (installed before November 9, 2006) that exceed 100,000 gallons throughput in a 30-day period must be retrofitted with either coaxial or dual point vapor control by January 1, 2011.

Tank Identification Number:	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
Coaxial System	[ ]	[ ]	[ ]	[ ]	[ ]
Dual Point System	[ ]	[ ]	[ ]	[ ]	[ ]
Manifolded System (single vapor hose connection)	[ ]	[ ]	[ ]	[ ]	[ ]
Vapor recovery is not required for this UST	[ ]	[ ]	[ ]	[ ]	[ ]

15. Under Dispenser Containment (UDC)

Enter the dispenser number(s) in each column that will have the same make/model of dispenser UDC. If all dispenser UDCs will be the same, then enter "ALL" as the number in Column 1 and complete only Column 1. Dispensers with the same UDCs only have to be entered in one of the columns with a list of the dispensers that have that model UDC.

	Dispenser #(s)	**Dispenser #(s)**	**Dispenser #(s)**	**Dispenser #(s)**
UDC Manufacturer				
UDC Model				
Is UDC Single (SW) or Double-Walled (DW)?				
Method of monitoring UDC[1]				
UDC Material of Construction[2]				
If Other (*Specify*)				

[1]Enter one of the following choices: Sump Sensor, Vacuum, Pressure, Hydrostatic, or Manual
[2]Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), or Other

16. Flexible Connectors, Submersible Pumps, Riser Pipes, Siphon Bars, and Other Metal Fittings

	Tank #1		Tank #2		Tank #3		Tank #4	
	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser
Flex Connector is present	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
Flex connector is secondarily contained or located in a monitored containment sump	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
Submersible pump (STD) is located in a monitored containment sump	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
Riser pipes, siphon bars, and/or other metal fittings are located in a monitored containment sump	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No

FINANCIAL ASSURANCE

17. I have financial responsibility to cover pollution liability for my underground storage tanks in accordance with 567--Chapter 136 of the Iowa Administrative Code by the following method:

[ ] Self-insured - tangible net worth of $10 million and ability to pass one of the financial tests in rule 136.6
[ ] Insurance coverage through private insurance carrier meeting rule 136.8
[ ] Guarantee from corporate parent or other firm able to pass the net worth financial test in rule 136.7
[ ] Surety bond meeting rule 136.9
[ ] Letter of credit meeting rule 136.10
[ ] Trust Fund meeting rule 136.11
[ ] Combination of the above methods (*please mark those methods being used*)

Name of Insurer: _____

Policy No. _____

For local governments and their agencies, the following may also be used:

[ ] Local government bond rating test meeting rule 136.13
[ ] Local government financial test meeting rule 136.14
[ ] Local government guarantee meeting rule 136.15
[ ] Local government fund meeting rule 136.16

ATTACH A COPY OF YOUR FINANCIAL RESPONSIBILITY DOCUMENT

NOTE: Proof of financial responsibility must be maintained in order to store fuel in the tanks. You must submit a current copy of the financial assurance document such as a new certificate of pollution liability insurance or proof of self-insurance every year. If financial responsibility is not maintained, the department can stop fuel delivery. Insurance companies are required to notify the department when insurance is being canceled.

INSTALLER/INSPECTOR CERTIFICATION

Pursuant to subrule 135.3(3)"e" the installer hereby certifies that the methods used to install the tank and piping systems comply with the requirements in subrule 135.3(1)"d".

Company Iowa License Number			
Print or Type Company Name	Address	City	State
Installer Iowa Licensed Number			
Signature of licensed installer	Type or Print Signature	Date Signed	
Title or Position in Company			

OWNER CERTIFICATION

(Read and sign after completing form)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete.

Print or Type Name of Owner	Signature of Owner	Date Signed
Print or Type Official Title of Owner		

Registration is required by Iowa law for all underground storage tanks that have been used to store regulated substances since January 1, 1974 and were still in the ground as of July 1, 1985, or tanks brought into service after July 1, 1985. The information requested is required by 567–Chapter 135 of the Iowa Administrative Code (567-455B and Iowa Code Section 455B.473).

Mail completed form, copy of financial assurance mechanism, and appropriate fee to the address below. Checks should be made payable to: Iowa Department of Natural Resources

Iowa Department of Natural Resources
Underground Storage Tank Section
502 East 9th Street
Des Moines, IA 50319-0034

(Q:Sherry/Form 148.doc/09-15-08)